#### GOVT. OF WEST BENGAL

# OFFICE OF THE SUPERINTENDENT, SREE BALARAMSEVA MANDIR S.G HOSPITAL KHARDAH NORTH- 24 PARGANAS, KOLKATA-700116.

PH.NO-033-2583-4948/ e-mail- sbsmbalaram@gmail.com

Memo No: SBSMH/17/987

Date: 05/09/2017

## **NOTICE INVITING QUOTATIONS**

Sealed Quotations are invited from eligible bidders / agencies for purchase of a 'Computer Set' (Desk-top with printer) for Sree Balaram Seva Mandir S.G. Hospital, Khardah, North 24- Parganas. The 'Quotation form' along with 'terms and conditions' may be obtained from the office of the undersigned. The following items and /or documents are to be submitted along with the Quotations:-

1) Copy of valid Trade license

2) Copy of up-to-date Income Tax

3) Copy of PAN

3) Copy of PAN GST Regn. (4) Copy of Vat return certificate

5) Copy of Professional Tax Certificate 6) Filled up the Annexure I, II & III( Also enclose attested photo copies as proofs of relevant documents)

Distribution of Bid-forms

: 05/09/2017

Submission of Bid-forms

: 12/09/2017 up to 1:00 p.m. (except Sundays & holidays)

**Date of Opening Quotations** 

: 12/09/2017 at 2:30pm.

The Quotation documents in sealed envelopes, should be dropped in the QUOTATIONS' BOX kept in the office of the undersigned.

#### Terms and conditions:-

- 1) Quotations without any above listed documents will be treated as invalid.
- 2) Three copies of challans & Bills should be submitted at the time of supply.
- 3) The competition among the bidders, shall be on the lowest rate, of any said particular item, which should always be lower than the M.R.P.
- 4) The M.R.P. of any given item shall always be in parity with the local market price.

The Purchase committee shall reserve the right of acceptance or cancellation of any Quotation, even if being the lowest, without assigning any reason thereof. The purchase committee also reserves the right to withhold payment, if the work done is not satisfactory.

Superintendent 9 5 0

Sree Balaram Seva Mandir S.G Hospital

Khardah North – 24 Parganas

Superintendent arem Seva Mandir, S. G. Hospi Chardah, North 24 Pos

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Copy forwarded for information & necessary action, requesting to exhibit this notice on their respective office notice boards, to:

1) The Director of Health Services, West Bengal, Swasthya Bhawan.

2) The District Magistrate, North 24- Parganas.

3) The Chief Medical Officer of Health, North 24- Parganas.

4) The S.D.O., Barrackpore Sub- Division, North 24- Parganas.

5) The Asstt. Chief Medical Officer, Barrackpore Sub-Division, North 24- Parganas.

6) The Chairman, Khardah Municipality, North 24- Parganas.

7) The Inspector-in-charge, Khardah Police Station, Khardah, North 24 Parganas.

8) The Station Master, Khardah Railway Station, Eastern Railways Division.

9) The Post Master, B.D.Sopan Post-office, Khardah.

10) Office Copy.

Superintendent

Date: 05/09/2017

Sree Balaram Seva Mandir S.G Hospital

Khardah North – 24 Parganas

supermendent

mann Seva Mandir, S. C. Hosp

Chardah, North 24 Pos

## Annexure - I

Mandis, S. G. Hospins North 24 Pgs

THIERI	ON FURNI FOR QUOTATION tree Balasem Seva
1. Name of the firm	Thardah, I
2. a. Full Postal Address	
b. Cell Phone No.	: \(\frac{1}{2} \)
c .Telephone No.	
d. e-mail address	
3. Trade license no. (renewed)	
4. Are you in the list of approany other organizations / in give details:	oved contractors of astitutions, if any
5. Give details of any Governmexecuted during the last twee	ment contracts (similar work) elve months:
6. Any other information which	n you consider necessary to furnish:  NDERTAKING
	at I have gone through the terms and condition ment and undertake to comply with them. alid and binding upon me for the entire period xtension period, if required.
Date:	G'.
	Signature of the Quotationer
Place:	Full Name:-
	+

(Office seal of the Quotationer)

Designation:-

# Bid Form

### Annexure-II

All points are to be filled up; no places are to be kept vacant. For support North 24 Post blank.

Name of the Item					
Name of the hospital, quotationed for, with addresses	SREE BALARAM SEVA MANDIR SG HOSPITAL, KHARDAH,24PGS(N), Kolkata-700116				
Quotation Notice Number					
Due date of the submission of the Quotation					
Receipt No. for EMD Amount, Date and drawn at					
Name / Title of the Bidder	6				
Full Address					
	E-Mail				
	Tel. No & Mobile No.				
	Fax				
Local Addresses, if any					
Legal entity of the bidder whether Firm / Society / Company / Other entity					
Relationship of the applicant with he firm					
) Registration No.	b) Authority with whom registered				
v dire					
3					
Trade License No					
Annual Control of the					
or the purpose of					
ame & Address of the Bankers of the	bidders				
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PAN No.		
TAN No.		Belleville Sova V
G.S.T. Registration No.		Mes Kharyap.
Whether provided similar services to state Government Hospitals, Quotationed for in past. If yes indicate the Work order No. & Date	Yes	No
Blacklisted by any government authority at any time. If yes, provide details	Yes	No
Income Tax Return for last year attached	Yes	No
Sales Tax/VAT Return for last year attached	Yes	No
Professional Tax Registration	Yes	No
Professional Tax Return for last years attached	Yes	No
Affidavit attached for non conviction/non Black Listed, in original, after March 2017)	Yes	No
Performance certificate in respect of the Quotationer	Yes	No
I have gone through the eligibility criteria for participating in conditions have been fulfilled	the Quotation ar	nd certify that all the
I have read the General and Special Terms and Conditions, in the Quotation documents. I have accepted them and agree to	ncluding the pena abide by them.	al provisions, as given in

Certified that the above information is correct and true to the best of my knowledge and belief. Nothing has been concealed, falsified & fabricated, and in case, any information is found incorrect, I, the under-signatory will be personally responsible for the same. The **supporting documents** (photocopies) regarding all the above furnished informations are being attached herewith, and the **originals** shall be exhibited at the time of opening of the BID.

			Signature
		5	
Date:	1		

Name of authorized person for bidder with seal